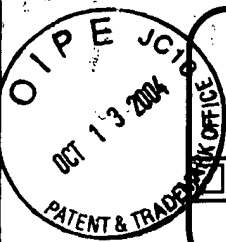


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) HALB:020																								
Application Number 09/929,465		Filed August 14, 2001																								
For Blends of Esters with Isomerized Olefins and Other Hydrocarbons as Base Oils for Invert Emulsion Oil Muds																										
Art Unit 1712		Examiner TUCKER, PHILIP C.																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th style="text-align: center;">Fee</th><th style="text-align: center;">Small Entity Fee</th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: right;">\$110</td><td style="text-align: right;">\$55</td><td style="text-align: right;">\$ <u>0</u></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$430</td><td style="text-align: right;">\$215</td><td style="text-align: right;">\$ <u>0</u></td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$980</td><td style="text-align: right;">\$490</td><td style="text-align: right;">\$ <u>980</u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$1530</td><td style="text-align: right;">\$765</td><td style="text-align: right;">\$ <u>0</u></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$2080</td><td style="text-align: right;">\$1040</td><td style="text-align: right;">\$ <u>0</u></td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. IF INSUFFICIENT FUNDS IN DEPOSIT ACCT.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0807</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="text-align: right;">10/18/2004 RFEKADU1 00000056 09929465</p> <p><input type="checkbox"/> assignee of record of the entire interest. (See 37 CFR 3.71. 01 FC:1253 980.00 DP)</p> <p style="text-align: right;">Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>50-0807</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <p style="text-align: right;">Registration number if acting under 37 CFR _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p style="font-size: 1.5em; font-family: cursive;">Karen B. Tripp</p><p style="text-align: center;">Signature</p><p style="text-align: center;">Karen B. Tripp</p><p style="text-align: center;">Typed or printed name</p></div><div style="width: 45%; text-align: right;"><p>October 12, 2004</p><p style="text-align: center;">Date</p><p>713 658 9323</p><p style="text-align: center;">Telephone Number</p></div></div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>				Fee	Small Entity Fee		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$ <u>0</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	\$ <u>0</u>	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	\$ <u>980</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	\$ <u>0</u>	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	\$ <u>0</u>
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This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$980.00

Complete if Known

Application Number	09/929,465
Filing Date	August 14, 2001
First Named Inventor	Jeff Kirsner
Examiner Name	TUCKER, PHILIP C.
Art Unit	1712
Attorney Docket No.	HALB:020

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit card		
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit Account:		3. ADDITIONAL FEES	
Deposit Account Number: 50-0807		Large Entity Small Entity	
Deposit Account Name: Karen B. Tripp, Attorney at Law			
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Fee Fee Fee Fee Description Fee Paid			
Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)			
1001 790 2001 395 Utility filing fee			
1002 350 2002 175 Design filing fee			
1003 550 2003 275 Plant filing fee			
1004 790 2004 395 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND			
Extra Claims Fee from Fee Paid			
Total Claims -20** = 0 X = 0.00			
Independent Claims -3** = 0 X = 0.00			
Multiple Dependent =			
Large Entity Small Entity			
Fee Fee Fee Fee Fee Description Fee Paid			
Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)			
1202 18 2202 9 Claims in excess of 20			
1201 88 2201 44 Independent claims in excess of 3			
1203 300 2203 150 Multiple dependent claim, if not paid			
1204 88 2204 44 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)			
**or number previously paid, if greater; For Reissues, see above			
SUBTOTAL (3) (\$)			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Karen B. Tripp	Registration No. (Attorney/Agent)	30,452
Signature	Karen B. Tripp	Telephone	713 658 9323
		Date	October 12, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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